



BOARD OF LUCAS COUNTY COMMISSIONERS
REQUEST FOR THE INSPECTION/COPIES OF JOURNALS/PUBLIC RECORDS

DATE: _____

NAME (OPTIONAL): _____ PHONE (OPTIONAL): _____

ADDRESS (OPTIONAL): _____

REPRESENTING (OPTIONAL): _____

_____ REQUEST TO INSPECT THE FOLLOWING JOURNAL/PUBLIC RECORDS

_____ REQUEST FOR COPIES OF THE FOLLOWING JOURNAL/PUBLIC RECORDS

PLEASE SUBMIT ALL REQUESTS TO THE ATTENTION OF:
LUCAS COUNTY ADMINISTRATOR
ONE GOVERNMENT CENTER, SUITE 800
TOLEDO, OH 43604-2259

OFFICE USE ONLY

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